A STATEMENT OF SUPPORT
for the Connecticut Commission on Children

This statement is written in support of the Connecticut Commission Children. This commission is crucially needed to help address environmental health and educational needs of children and families who are impacted by childhood lead poisoning in the State of Connecticut. It is important to know that the Commission on Children has played a major advocacy role in collaboration with the Foundation for Educational Advancement, Inc. and other agencies to address Connecticut's childhood lead poisoning environmental health and education disparity problems. Their effective advocacy supportive efforts have favorably contributed to the passage of historic legislation for the elimination of childhood lead poisoning in Connecticut.

Lead poisoning is one of the State of Connecticut's and the nation's most costly and devastating environmental health diseases. It disproportionately impacts low income families who live in Connecticut's major cities. According to the Centers for Disease Control's 1997 through 2006 CT Data, there were 16,604 confirmed incidents of CT children under the age of 6 with elevated blood lead levels high enough to put them at risk of life-long disabilities *(These confirmed incidents are based on a screening rate of approximately 25% of CT's children that were screened.)* Seventy years of research supports findings that early childhood lead exposure puts young children at risk of permanent brain damage resulting in learning disabilities, attention deficits, concentration problems, school failure, delinquency, criminal / violent behavior, school drop-out and even death. However, childhood lead poisoning is entirely preventable.

Over the past five years (*i.e., 2005 through 2010*) the Commission on Children has worked collaboratively with the Foundation for Educational Advancement to help facilitate local health, educational and informational sessions, as well as. statewide Legislative Informational Forums sponsored by CT legislative members of both the Senate and the House of Representatives. The 2006 - 2009 CT-N Health Education Lead Poisoning Legislative Informational Forums have included viewing audience coverage of approximately 3.4 million persons. They have featured nationally renowned experts and researchers to inform legislators, policy makers, educators, health professionals and the public-at-large about the life long devastating effects of childhood lead poisoning on the neuro-development of children and youth. Cognitive interventions for improving learning for children with disabilities due to lead poisoning, as well as, lead poison prevention, and resources for residential and environmental remediation were also presented during the forums.

These successful initiatives have served as a catalyst for major health policy changes that include the recent implementation of "Public Act 07-2 *"An Act Concerning the Prevention of Childhood Lead Poisoning* as of January 2009 for Universal Blood Lead Screening of all children under the age of 3 in CT and the historic establishment of the Centers for Disease Control - Advisory Committee on Childhood Lead Poisoning Prevention's National Education Work Group to address the early intervention, assessment and educational related service needs of children who are "Other Health Impaired Due to Lead Poisoning" in compliance with the Individuals with Disabilities Act (IDEA) and Section 504 of the Rehabilitation of the Handicapped Act.

According to the Centers for Disease Control's representative, the Health Education Lead Poisoning Initiatives have been recognized as a model for the nation. Below is a list of the Informational Health Education Forums that the Commission on Children has helped to implement in collaboration with the Foundation for Educational Advancement, Inc., CT Health Foundation, DPH, SDE, DSS, DDS, DCF and other agencies,

☑ **February 9, 2010** – Bridgeport Birth to Three and Pre-K Professional Development Session with nationally renowned experts in cognitive education and childhood lead poisoning

☑ **November 19, 2009 - Early Childhood Health Education Lead Poisoning (H.E.L.P.) Legislative Informational Forum**

☑ **May 22, 2008 -** Health Education Lead Poisoning Legislative Community and Parent Forum - Hosted by Rep. James Amann, Speaker of the House & Senator Toni Harp, Co-Chair of Appropriations

☑ **January 31, 2008** – School Health Professional Staff – Presenters: Dr. James Comer, Dr. Marie Lynn Miranda, Dr. Vivian Cross and Attorney Larry Berliner, Valarie Johnson, Marla Hines, 211 Info Line, Eileen McMurrer, Birth to Three and Ed Vargas, Cognitive Educator

☑ **March 14, 2007** - 2007 Health Education Lead Poisoning Legislative Informational Forum included national and state representation from ten states and seventeen (17) Connecticut cities. Nationally renowned experts and researchers included the following:

1. David Bellinger, Ph.D., M.Sc. - Professor of Neurology - Harvard Medical School and Professor of Environmental Health - Harvard School of Public Health
2. Attorney Howard Klebanoff, Legal Expert on Special Education Law
3. Bruce P. Lanphear MD, MPH, Director of the Cincinnati Children's Environmental Health Center and Professor of Pediatrics and Environmental Health
4. Dr. John F. Rosen, Professor of Pediatrics - Head of the Division of Environmental Sciences - The Children's Hospital of Montefiore - The Albert Einstein College of Medicine - N.Y., N.Y.
5. Connie Thomas, Consultant and Specialist - U.S. Department of Health and Human Services Centers for Disease Control and Prevention - Lead Poisoning Prevention Program
6. Dr. Theodore Lidsky - Head of the Laboratory of Electrophysiology; Director of the Center of Trace Element Studies and Environmental Neurotoxicology Thomas Jefferson University School of Medicine, Department of Neurology, Adjunct Professor
7. Jay Schneider, Ph.D., Professor of Pathology, Anatomy and Cell Biology and Neurology Jefferson Medical College - Thomas Jefferson University Philadelphia, Pennsylvania

☑ **May 31, 2007 CAPITOL NEWS BRIEFING WITH HOUSE SPEAKER ON LEAD POISONING PREVENTION LEGISLATION**

☑ **May 9, 2006** - Educational Implications of Childhood Lead Poisoning Conference and Training

☑ **November 17, 2005** - ENDING LEAD POISONING FORUM AT THE LEGISLATIVE OFFICE BUILDING

Special thanks to Elaine Zimmerman, Executive Director, and commission staff for their effective advocacy and support during the 2005 through 2010 Series of highly successful Health Education Lead Poisoning legislative Information Forums.

Funding to maintain the Commission on Children's advocacy work is vital to improve the quality of education and health for Connecticut's children.

Sincerely,

Dr Vivian Cross

Dr. Vivian Cross,
Executive Director of the Foundation for Educational Advancement, Inc.
Centers for Disease Control (CDC) Consultant, and member of
CDC Advisory Committee on Childhood Lead Poisoning Prevention Work Group

Below are two attachments that highlight the CT's children's environmental health needs and the importance of maintaining the crucially needed advocacy work. Commission on Children:

1) Centers for Disease Control Data (2007): The Prevalence of Childhood Lead Poisoning in CT.
2) CT DPH 2008 Surveillance Report Key Findings

Connecticut Screening Data of Reported Elevated Blood Lead Levels for Children under the Age of 6 Years Old *(Source CDC 2007)*

Number of Children Tested and Confirmed EBLLs by State, Year, and BLL Group, Children < 72 Months Old

Year	State	Population < 72 months old	Number of Children Tested	Total Confirmed Children with greater than 10 ug/dL	Confirmed EBLLs as % of Children Tested	Number of Confirmed Children By Highest Blood Lead Level (µg/dL) at or Following Confirmation						Percentage of CT Children Screened
						10-14 µg/dL	15-19 µg/dL	20-24 µg/dL	25-44 µg/dL	45-69 µg/dL	>=70 µg/dL	
1997	Connecticut	260,336	22,435	298	1.33%	196	54	26	20	2	0	8.62.%
1998		261,163	60,725	2,410	3.97%	1,284	523	293	275	31	4	23.25%
1999		263,845	65,603	2,155	3.28%	1,246	460	219	196	31	3	24.86%
2000		270,187	64,685	2,371	3.67%	1,353	514	258	218	26	2	23.94%
2001		270,763	67,512	2,026	3.00%	1,206	449	191	156	22	2	24.93%
2002		270,763	69,670	1,813	2.60%	1,059	392	186	157	14	5	25.73%
2003		270,763	68,038	1,551	2.28%	951	308	129	141	17	5	25.13%
2004		270,763	68,810	1,505	2.19%	921	290	135	141	17	1	25.41%
2005		270,763	69,172	1,310	1.89%	839	256	95	105	15	0	25.55%
2006		270,763	69,507	1,165	1.68%	716	221	102	101	24	1	25.67%
Totals between 1997 through 2006				**16,604**								

Problem Statement:

According to the Centers for Disease Control's 1997 through 2006 CT Data, there were (16,604) confirmed incidents of children under the age of 6 who had elevated blood lead levels high enough to place them at risk of permanent brain damage with only approximately 25% of children screened. Based on current research, childhood lead poisoning is associated with permanent brain damage resulting in learning disabilities, attention deficits, concentration problems, school failure, delinquency, school drop out and even death, however, it is entirely preventable

Connecticut Department of Public Health

Childhood Lead Poisoning in Connecticut

2008 Surveillance Report

KEY FINDINGS OF 2008 DPH SURVEILLANCE REPORT

• Statewide Screening: In calendar year (CY) 2008, 76,722 (28.4%) CT children from birth to six years of age and 48,594 (55.2%) CT children from one to two years of age had at least one blood lead screening.

• Prevalence of Elevated Blood Lead Levels (EBLLs): Among children under 6 years of age who had a confirmed blood lead test in 2008, 1,054 (1.4%), 448 (0.6%), and 221 (0.3%) children were found to have blood lead levels of ≥10 µg/dL, ≥15 µg/dL, and ≥20 µg/dL, respectively.

• Incidence of EBLLs: Of the 1,054 children who were found to have blood lead levels ≥10 µg/dL in 2008, 735 were new cases. Of the 221 children who were found to have blood lead levels ≥20 µg/dL in 2008, 171 were new cases.

• Race, Ethnicity, and Gender Associated with EBLLs: Among children under 6 years of age who had a confirmed blood lead test in 2008, Blacks (2.6%) were more likely to have EBLLs of ≥10 µg/dL than Whites (1.1%), Native Americans (1.3%), or Asians (0.9%); Hispanics (2.0%) were more likely to have EBLLs of ≥10 µg/dL than Non-Hispanics (1.1%). Males (1.5%) were more likely to have EBLLs of ≥10 µg/dL than females (1.3%).

• Screening among Children Enrolled in Medicaid during Federal Fiscal Year (FFY) 2008: In CY 2008, 61.3% of children one and two years of age who were enrolled in Medicaid at any time during FFY 2008 (10/1/2007 to 9/30/2008) had a lead screening. Only 51.2% of children one and two years of age who were not enrolled in Medicaid at any time during federal fiscal year 2008 had a lead screening.

• Screening Compliance by Medicaid Status: Among children born in 2005, those who had ever been enrolled in Medicaid were more likely to have had at least one lead screening by 18 months of age (61.6% vs. 52.4%) and two lead screenings by 36 months (45.3% vs. 32.0%) than those who had never been enrolled in Medicaid.

• EBLL by Medicaid Status: Among children under 6 years of age who had a confirmed blood lead test in 2008, 2.2% of those who were enrolled in Medicaid at any time during FFY 2008 (10/1/2007 to 9/30/2008) had EBLLs of ≥10 µg/dL while only 0.7% of those who were not enrolled in Medicaid had EBLLs of ≥10 µg/dL.

• Environmental Lead Hazard Investigations: Among the 130 dwelling units for which environmental investigations were conducted for children with EBLLs and where copies of complete inspection reports were provided to the CT Department of Public Health, 93.1% were identified with environmental lead hazards. Of the 130 dwelling units, 93.1% were identified with paint hazards, 63.8% were identified with dust hazards, 45.4% units were identified with soil hazards, and 1.5% with a drinking water hazard.